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MAR 12 2003

TO: Examiner H. Pham
U. S. Patent & Trademark Office
Group Art Unit 2861

TECHNOLOGY CENTER 2800

FROM: Andrew D. Mickelsen, Reg. No. 50,957

RE: U.S. Application No. 09/964,658
Atty. Docket No.: 03500.015836

FAX NO.: (703) 872-9318

DATE: March 12, 2003

NO. OF PAGES: 34
(including cover page)

TIME:

SENT BY:

MESSAGE**Attachments:**

- 1) Amendment Transmittal
- 2) Amendment

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In re Application of:

HIROKI YOSHIDA

Application No.: 09/964,658

Filed: September 28, 2001

For: MULTI-BEAM SCANNING OPTICAL
APPARATUS AND IMAGE FORMING
APPARATUS USING THE SAME

Docket No.

03500.015836

Examiner: H. Pham

Group Art Unit: 2861

Date: March 12, 2003

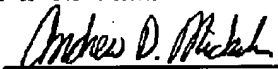
Commissioner for Patents
Washington, D.C. 20231

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Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

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CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 77	MINUS	** 163	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 8	MINUS	*** 8	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$_____ is enclosed.

B

- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Andrew D. Mickelson

Attorney for Applicant

Registration No. 30,957

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#9/B
3-17-3
Robertson

03500.015836

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

HIROKI YOSHIDA

Application No.: 09/964,658

Filed: September 28, 2001

For: MULTI-BEAM SCANNING
OPTICAL APPARATUS AND
IMAGE FORMING APPARATUS
USING THE SAME

Examiner: H. Pham

Group Art Unit: 2861

March 12, 2003

Commissioner for Patents
Washington, D.C. 20231

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AMENDMENT

Sir:

In response to the Office Action dated December 12, 2002, please amend
the above-identified application, as follows:

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Office:

on 3/12/03

Date

Signature

ANDREW D. MICKETSEN
Name of person signing certificate

¹This Amendment has been prepared in the revised amendment format set forth in the Pre-OG
Notice entitled "Amendments in a Revised Format Now Permitted."

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